Practitioner's Docket No. 1275/190

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Groman et al.

Application No.: 09/521,264   Group No.: 1619

Filed: 03/09/2000   Examiner: Wells, L.

For: Heat Stable Colloidal Iron Oxides Coated With Reduced
    Carbohydrates and Carbohydrate Derivatives

Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1.   Transmitted herewith is an amendment for this application.

STATUS

2.   Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3.   The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☐   deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

Date: _October 4, 2001_

FACSIMILE

☐   transmitted by facsimile to the Patent and Trademark Office.

Sonia K. Guterman
Signature

Sonia K. Guterman, Ph.D.
(type or print name of person certifying)

(Amendment Transmittal--page 1 of 2)

4.   The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) SMALL ENTITY Present Extra	Rate	Addit. Fee
Total	55	Minus	56	= 0	x $9 =	$0
Indep.	10	Minus	13	= 0	x $40 =	$0
First Presentation of Multiple Dependent Claim				+ $135 =		$0
				Total Addit. Fee		$0

*   If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
**   If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
***   If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
      The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5.   If any additional extension and/or fee is required, charge Account No. 19-4972.
       If any additional fee for claims is required, charge Account No. 19-4972.

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